

## Population and Quality Measure Performance Dashboards

This Care Coordination Tool training will focus on the Dashboards available in the tool. The **Population Dashboard** contains population health specific information and the **Quality Measure Performance Dashboard** contains information about your organization's quality performance. The Dashboard is considered the tool's home page for providers and is located on the left hand side of your screen after successfully logging in.

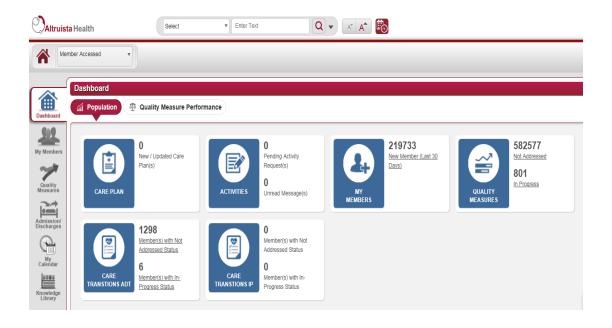
After this self-guided training, you should be able to perform the following functions:

- 1.1 View the **Population Dashboard**
- 1.2 Navigate the **Population** and **Quality Measure Performance**Dashboards
  - Select measure groups to view gaps in care information and tables
- 1.3 Utilize the **Quality Measure Performance Dashboard** to update a member's activity progression
- 1.4 Engage a member in care transition
- 1.5 Export quality measures data into Excel
- 1.6 Exercise: Address non-adherent members for a quality measure via the **Quality Measure Performance Dashboard**



## 1.1 View the Population Dashboard

When a provider logs-into the Care Coordination Tool, the Population
Dashboard appears by default.:



Note: If a Care Coordinator, Care Team Manager, or Practice

Administrator logs into the CCT, the Population Dashboard view is different than a provider's view; this dashboard includes information about My Members, My Calendar, My Alerts, and Requests Received. In order to switch to the same population view as a provider, click on the Population Health/Care Coordination toggle button on the top center of the screen.

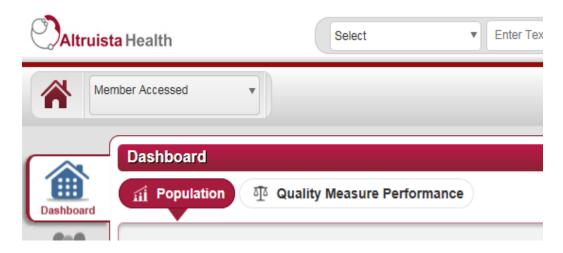




## 1.2 Navigate the Population & Quality Measure

### Performance Dashboards

## A. Population Dashboard



In the **Population** Dashboard, providers can view several population-level tiles. The following tiles should be utilized as described:

**My Members:** Displays the total number of new members assigned to a provider within the last 30 days from the current date. By clicking on the New Members hyperlink, the user is directed to a list of the new members in the My Members tab. **Note**: Only the Practice Administrator User(s) and Care Team Managers can assign members to individual users.

**Quality Measures:** Displays the total number of measures of the current reporting year in the **In Progress** and **Not Addressed** statuses for assigned members within a provider's population. By clicking on the In Progress or Not Addressed hyperlinks, users will be directed to the Quality Measures tab where members in the In Progress or Not Addressed statuses (respectively) will be displayed. **Note**: The numbers in



the Quality Measures dashboard tiles are based on the member population assigned to a provider. If these numbers are different than the **Total Care Opportunities** count in the **Quality Measures** tab, please make sure that a Care Organization is not selected in the Quality Measures tab. The Total Care Opportunities count matches the numbers in the dashboard tiles when no Care Organization is selected in the Quality Measures tab as this will reflect the member population assigned to a provider.

**Care Transitions ADT:** Displays the total number of members with emergency room-related care transition events in the **In Progress** and **Not Addressed** statuses for members within a provider's population. By clicking on the In Progress or Not Addressed hyperlinks, users will be directed to the ADT tab where members in the In Progress or Not Addressed statuses (respectively) will be displayed.

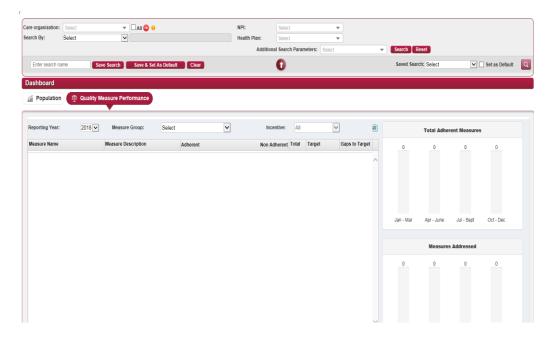
## **B. Quality Measure Performance Dashboard**

Click the Quality Measure Performance Dashboard:





Quality Measure Performance Dashboard view upon initial login:

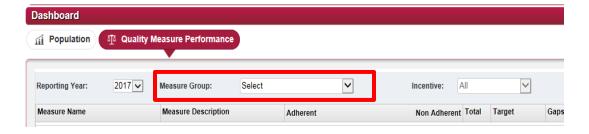


- 1. To view specific quality measures:
  - Select a **Care Organization** from the global search drop down list
  - Click on the green arrow next to the Care Organization
  - Click on "Search" or the search icon on the right side of the global search

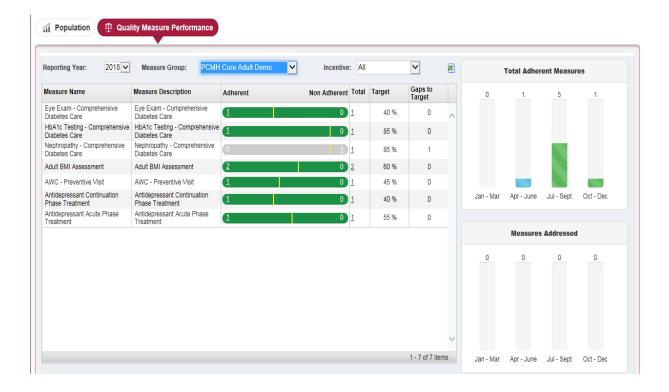


• Then select a **Measure Group** from the drop down.





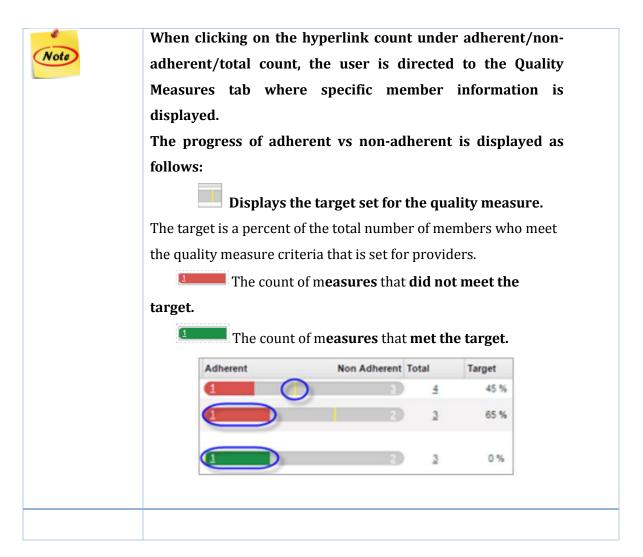
- a. For Health Link organizations, the groups are "THL Physical Health Child", "THL Physical Health Adult", and "THL Behavioral Health Core". THL Behavioral Health Core includes measures for both adults and children.
- b. For PCMH organizations, the groups are "PCMH Core Adult" and "PCMH Core Child".
- c. In this example, "PCMH Core Adult" is selected:





- i. This page displays the list of quality measures with measure descriptions, the counts of adherent and non-adherent measures, target percentages, and care gaps. Note: Adherent displays the count of measures in the Completed, Verified, and Compliant statuses. Non-adherent displays the count of measures in the Not Addressed and In Progress statuses.
- ii. This page also displays a view of **Total Adherent Measures** and **Measures Addressed** bar graphs on the right hand side. Please see the section below titled "Total Adherent Measures and Measures Addressed" for additional details regarding these graphs.
- iii. Gaps to Target = [(total number of members for whom the measure is applicable) x (target %)] (number of members for whom the measure is addressed).

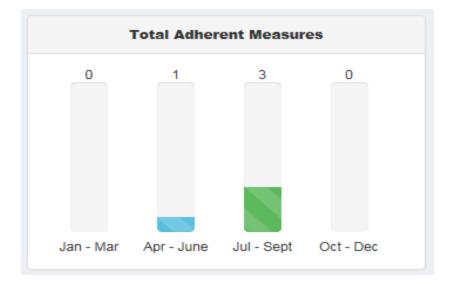




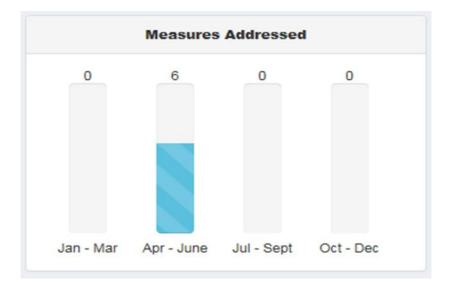
#### **Total Adherent Measures and Measures Addressed**

The **Total Adherent Measures** graph displays the statistics to view total closed measures for a provider's population. This graph is populated via received claims that close specific gaps and through user actions within the tool.





In the **Measures Addressed** graph, the count of measures completed by a provider for his/her population is displayed to help the provider track quality measure performance. The graph displays information for the select measure year and group, and is populated via user actions within the tool.

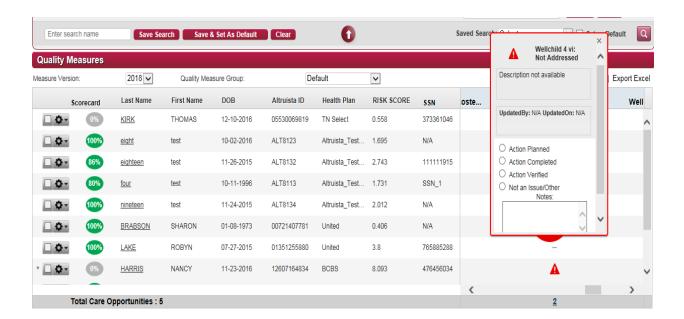


Measures Addressed = Count of measures whose status is changed from "Not Addressed" to "In Progress"



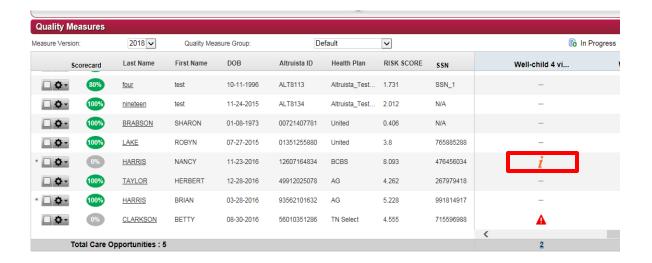
## 1.3 Utilize the Quality Measure Performance Dashboard

- The Quality Measure Performance Dashboard will be updated based on the action a user takes on the Quality Measures tab and the claims that are reported from the health plans.
- 2. Click on the count hyperlink for Non Adherent members to address gaps specific to that measure by selecting the red triangle icon ▲ under the Status column. Or click on the **Quality Measures** tab, located the specific measure, and select the red triangle icon ▲ to address a specific gap.



 Select Action Planned and click Perform Action. Once the gap is addressed the red triangle icon will change to the In Progress icon.

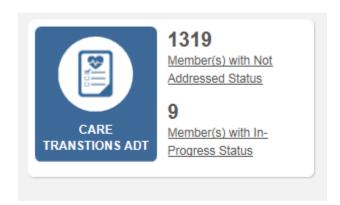




3. The graphs in the **Quality Measure Performance Dashboard** will be updated to reflect the progress made. **Note**: The Quality Measure Performance Dashboard will also be updated upon receipt of claims that close gaps in care.

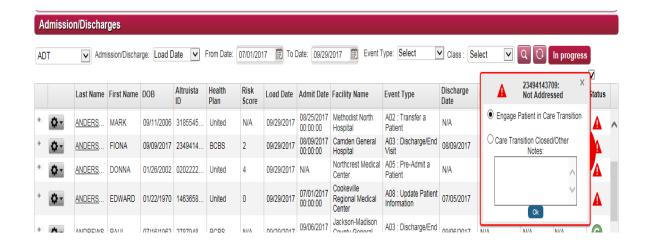
## 1.4 Engage a Member in Care Transition

1. The **Care Transition ADT** tile in the **Population Dashboard** will be updated based on the action a user takes in the ADT Tab.





- In order to schedule a task that appears on the Care Transitions ADT tile, click on either hyperlink available (Members with Not Addressed Status or Members with In Progress Status). In the following examples, we will focus on members in the Not Addressed status.
  - a. This will direct the user to the Admissions/Discharges (ADT)
     tab, and the Event Type selected must be A03 as the Care
     Transitions ADT tile on the dashboard only tracks discharges.
  - b. The load date must exist and must be less than or equal to 90 days from the current date; and
  - c. The event must have a discharge date.
- 3. When a provider has a member with ADT activity, they should engage the patient in care transitions and schedule follow up visits with them. After contacting the member and scheduling an initial follow up visit, engage the patient in a care transition in the CCT by clicking on the red triangle under the **Status** column and selecting **Engage Patient in Care Transition**.





**Note**: Examples of care transition activities include Engage Patient in Care Transition, Initial Contact (1 day/24 hour post enrollment), 7 Day Follow Up (7 days post enrollment), and 30 Day Follow Up (30 days post enrollment).

- 4. The **Not Addressed** status ▲ will change to an **In Progress** <sup>1</sup> status.
- 5. The ADT tab will then be updated to reflect the newly scheduled activity in the **Next Activity** column.



The Population Dashboard will also be updated to reduce the count of **Members**with Not Addressed Status in the Care Transitions ADT tile.

## 1.5 Export Quality Measures Data into Excel

Within the **Quality Measure Performance Dashboard**:

- Click to export the **Measure Group** data in an Excel format.
- A user can extract all data by selecting the Check All box, or select specific columns to extract by using the Select Columns drop down list.



# 1.6 Exercise: Address Non-Adherent Members for a Quality Measure via the Quality Measure Performance Dashboard

- Click on the Dashboard tab then select Quality Measure Performance Dashboard.
- 2. Select a Care Organization from the drop down list, click the green arrow, and click Search.
- 3. Select a Measure Group from the drop down list (i.e. PCMH Core Adult or THL Behavioral Health Core).
- 4. Select a measure with non-adherent members and click on the hyperlink count under the Non-Adherent section.
  - a. In the Quality Measures tab, address the measure for a member by clicking on the member's scorecard to resolve the gap or by clicking on the status of the measure listed on the right side of the grid.
  - b. Once the measure is addressed, note the change in the member's scorecard.
  - c. Please note: The Quality Measure Performance Dashboard will only change counts from non-adherent to adherent when a measure is moved to the Action Verified or Completed statuses; all other statuses (Not Addressed, In Progress, and Action Completed) will be considered non-adherent.